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CONFIRMATION NO. 5536

|   |   |                               |   |   |                                |
|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/670,435  | <b>FILING OR 371(c) DATE</b><br>09/25/2003<br><b>RULE</b>   | <b>CLASS</b><br>604           | <b>GROUP ART UNIT</b><br>3763   | <b>ATTORNEY DOCKET NO.</b><br>127000.0201 |                                |
| <b>APPLICANTS</b><br>Vivian A. Wright, Coral Gables, FL;<br><br>** CONTINUING DATA *****<br>none <i>PSB</i><br><br>** FOREIGN APPLICATIONS *****<br>none <i>PSB</i><br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **<br>** 12/29/2003  |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>15                 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Pepper Hamilton LLP<br>Firm 21269<br>50th Floor<br>500 Grant Street, One Mellon Center<br>Pittsburgh, PA15219   |   |                               |   |   |                                |
| <b>TITLE</b><br>Percutaneous endoscopic gastrotomy tube holder  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>375   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |